

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019262** FILING DATE **14 MAR 2002**
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/				52						
3			/				53						
4			/				54						
5			/				55						
6			/				56						
7			/				57						
8			/				58						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
51							TOTAL IND.						
52							TOTAL DEP.						
53							TOTAL CLAIMS						